2010 TRAINING CALENDAR

HCPro's Evaluation and Management   November 4-6, 2009
Boot Camp ** **The Introduction to CPT Coding course originally scheduled for this date has been postponed to a date yet to be determined.**

The **Evaluation & Management Boot Camp** will teach the fundamentals and intricacies of E/M coding and how to perform effective E/M audits. The course goes beyond the basics and dives right into the many gray areas of E/M to expose conflicting information between CMS and local carriers. This intensive two-day training course is geared to both coding and auditing professionals, and will show you how to evaluate documentation relative to national and local carrier guidelines with a strong emphasis on interpreting rules accurately and to maximize E/M audits. The last day of the program will explore the impact of the explosive growth of electronic health records on state program integrity efforts.

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Basic Skills and Techniques in   December 15-17, 2009
Medicaid Fraud Detection

This program is designed to enhance the fundamental investigatory and analytical skills of state Medicaid employees to maximize the effectiveness of program integrity efforts to detect health care fraud, waste, and abuse. Attendees will participate in a combination of lectures, demonstrations, discussions, and individual workshop exercises. Topics will range from the initial review, ongoing analysis, and data collection through referral decision making and determination of action plans. *This course was formally known as Basic Investigation Skills. If you previously attended a Basic Investigation Skills program, you are ineligible to attend this course.*

2010 TRAINING CALENDAR

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Program Integrity Fundamentals   February 9-12, 2010

This is an introductory course, which features an orientation to Medicaid Program Integrity and how it relates to state Medicaid programs. The agenda will include an overview of common program integrity functions.

Data Expert Symposium   March 10-12, 2010

This program will bring together a limited number of state Medicaid data experts to exchange ideas, define concepts and create best practice models utilized to identify fraud, waste and abuse. Attendees will participate in a combination of panel discussions and workshop exercises designed to share and develop best practices that can be taken back to the states and immediately implemented.

Specialized Skills in   April 7-9, 2010
Medicaid Fraud Detection

This program will explore common and emerging health care fraud schemes, discuss how to utilize evidence-gathering techniques for both internal and external information, review successful interviewing techniques, address elements of report writing, and thoroughly examine the steps to prepare a case for referral to MCFU. Attendees will participate in a combination of lectures, demonstrations, discussions, and workshop exercises.

2010 TRAINING CALENDAR

Emerging Trends in Medicaid — May 4-6, 2010

The Program Integrity Directors' Conference originally scheduled for this date has been rescheduled for FY-11.

This symposium will bring together Medicaid employees with expertise in Medicaid program integrity to collaborate and discuss emerging issues that currently or will have a significant impact on program integrity functions in the near future. In addition, attendees will discuss prospective MII courses and training and learning needs through brainstorming, analysis, and information sharing.

Certified Coder Boot Camp — June 7-11, 2010
Outpatient Version

The Certified Coder Boot Camp program is a comprehensive five day course designed to teach the fundamentals of CPT, ICD-9 and HCPCS Level II coding. This course is designed to assist in preparation for national certification and provide the framework for applying coding principles in a real-world environment.

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2010 TRAINING CALENDAR

Emerging Trends in Managed Care   June 22-25, 2010

This symposium will bring together Medicaid employees who have expertise in managed care and program integrity with the goal of enhancing efforts to detect health care fraud, waste and abuse in a managed care environment. Attendees will participate in a variety of learning situations such as lectures, discussions, and workshop exercises. Topics will include MCO and provider audits, MCO program integrity oversight, contract enforcement, and issues related to fraudulent providers. Participants will also consider ways to obtain reliable encounter data that can be used for data analysis to identify trends in utilization and to recognize new fraudulent schemes.

Emerging Trends in Pharmacy   July 21-23, 2010

This program will bring state Medicaid employees together to exchange ideas, define concepts, and create best practice models utilized to identify fraud, waste, and abuse in the area of Pharmacy. This is a program where some investigative/administrative review, health care and/or coding expertise is assumed. The ideal candidate would have 3 or more years of specialized work experience in both pharmacy audit procedures and fraud detection.

2010 TRAINING CALENDAR

Certified Coder Boot Camp Inpatient Version	July 26-30, 2010

HCPro's Certified Coder Boot Camp is an intensive, one week coding education course on hospital inpatient facility services (ICD-9-CM Vols. 1-3) coding, abstracting inpatient medical records and DRG (Diagnosis Related Grouping) assignment. The Certified Coder Boot Camp - Inpatient Version is one of the few coding education courses that fully explains, not only the basic classification of DRGs, but requires attendees to use the 3M DRG Definitions Manual to manually assign the DRG for all case studies. Because of the fast-paced nature of the course, it is highly recommended that participants have at least one year of coding-related experience.

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Medicaid Integrity Institute

Investigation Data Collaboration: Acquisition, Analysis, and Use	August 10-13, 2010

This course brings together Analysts, Investigators and Clinicians within Medicaid Program Integrity to focus on the collaborative acquisition, analysis and use of Medicaid data in the investigation process. Participants will work together in plenary sessions, breakout sessions and small team workshops to: discuss each others' roles and responsibilities in and contributions to Medicaid investigation data streams; compare and contrast how Analysts, Investigators and Clinicians request, acquire, analyze, manage and utilize data; define the data interrelationships of each in combating Medicaid fraud, waste and abuse; and define and demonstrate optimum collaboration techniques in using data to build an effective fraud case.

2010 TRAINING CALENDAR

Home Health and DME Symposium	September 21-23, 2010

This program will bring state Medicaid employees together to exchange ideas, define concepts, and create best practice models utilized to identify fraud, waste, and abuse in the area of Home Health and DME. A myriad of topics related to Home Health and DME policy and data analysis techniques and procedures will be discussed. The ideal candidate would have 3 or more years of work experience in Home Health and DME audit procedures and/or policy or specialized experience in Home Health and DME fraud prevention and detection. This is a program where some investigative/administrative review, health care and/or coding expertise are assumed.

Revised 4/5/2010